

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 097555275		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/		/				51		
2		/		/			52		
3		/		/			53		
4		3		/			54		
5		0		/			55		
6		0		/			56		
7		0		/			57		
8		0		/			58		
9		0		/			59		
10		0		/			60		
11		0		/			61		
12		0		/			62		
13		0		/			63		
14		0		/			64		
15		0		/			65		
16		0		/			66		
17		0		/			67		
18		0		/			68		
19		0		/			69		
20		0		/			70		
21	/		/				71		
22		/		/			72		
23		2		/			73		
24		0		/			74		
25		/		/			75		
26		/		/			76		
27		0		/			77		
28		0		/			78		
29		0		/			79		
30		0		/			80		
31		0		/			81		
32		0		/			82		
33		0		/			83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2		2				TOTAL IND.		
TOTAL DEP.	26		31				TOTAL DEP.		
TOTAL CLAIMS	26		33				TOTAL CLAIMS		